

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND	4					
TOTAL DEP	9					
TOTAL CLAIMS	13					

	★		★		★	
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TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

* Indicate dependent claims and claims in amendments